

**Amendment No. 1 to HJR0034**

**Rhinehart  
Signature of Sponsor**

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

**AMEND <SB>**

**House Joint Resolution No. 34\***

by deleting the language after the caption in its entirety and by substituting instead the following:

WHEREAS, federally qualified health centers (FQHCs) provide community-based, cost-effective primary health care services to all people, regardless of their ability to pay; and

WHEREAS, there are 58 federally qualified health centers in Tennessee, serving 80 counties; and

WHEREAS, almost 200,000 Tennesseans are patients of federally qualified health centers; and

WHEREAS, federally qualified health centers have a market share of 3.3% of the state's population; however, they service twelve point eight percent (12.8%) of all Tennesseans living in poverty. Forty-seven point two percent (47.2%) of their patients live at or below poverty level; and

WHEREAS, a breakdown of the payer mix for Tennessee's FQHCs as compared to the State's population as a whole follows:

Forty-four point seven percent (44.7%) of federally qualified health center patients are on TennCare: compared to twenty-three percent (23%) for the State;

Twenty-six point eight percent (26.8%) of federally qualified health center patients are uninsured: compared to six point two percent (6.2%) for the State;

Nine point four percent (9.4%) of federally qualified health center patients are on Medicare: compared to fifteen point one percent (15.1%) for the State; and

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Seventeen point three percent (17.3%) of federally qualified health center patients have Commercial Insurance: compared to fifty five point seven percent (55.7%) for the State; and

WHEREAS, TennCare reimbursement of FQHCs does not cover the actual costs of providing care. Every time a federally qualified health center provides care to a TennCare client the FQHC loses money; and

WHEREAS, federally qualified health centers serve a higher proportion of children and women of childbearing age than do their statewide equivalents; and

WHEREAS, federally qualified health centers serve a higher proportion of Black and Hispanic patients than do their statewide equivalents; and

WHEREAS, there appear to be provider capacity issues for federally qualified health centers in certain markets, where there are barely enough providers to meet the patient care demands; and

WHEREAS, there is limited availability of dental services provided by FQHCs in spite of huge documented need; and

WHEREAS, there are limited behavioral health services provided by FQHCs in spite of data indicating a notable portion of federally qualified health centers primary diagnoses that indicate a need for behavioral health services; and

WHEREAS, FQHCs are increasingly the backbone of primary health care services provided in underserved rural and urban areas of the state; and

WHEREAS, FQHCs are vitally important to the maintenance of adequate TennCare networks of care; and

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WHEREAS, the State of Tennessee has sought federal approval to pay the state's FQHCs an additional ten million dollars (\$10 million) from the TennCare budget for the 1999-2000 fiscal year in order to compensate the FQHCs for at least ninety percent (90%) of their costs related to the care of TennCare patients; and

WHEREAS, the U.S. Congress recently enacted into law Section 702 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA) of 2000, which amends Section 1902(a) of the Social Security Act and requires a prospective payment system (PPS) for FQHCs and FQHC look-alikes as of January 1, 2001; now, therefore,

BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE ONE HUNDRED SECOND GENERAL ASSEMBLY OF THE STATE OF TENNESSEE, THE SENATE CONCURRING, That it is the sense of this General Assembly that the TennCare Bureau, or its successor agency, should comply with FQHC and FQHC look-alike reimbursement provisions prescribed by federal law effective January 1, 2001.

BE IT FURTHER RESOLVED, That an enrolled copy of this resolution be transmitted to the Executive Director of the TennCare Bureau, the Commissioner of Health and the Commissioner of Finance and Administration.